

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(For use with Form PTO/SB/06)

Application Number

UNKNOWN

Filing Date

CONCURRENTLY

Applicant(s)

JOSEPH B. KEJHA

• May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	IND					
2		/				
3		/				
4		/				
5		/				
6		2,3				
7		2,3				
8		4,5				
9		4,5				
10	IND					
11	IND					
12	IND					
13		/				
14		/				
15		26,27				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24	IND					
25	IND					
26	IND					
27	IND					
28		/				
29		1,9,5				
30		29				
31		29				
32		29				
33		/				
34		10,11,12				
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	8		J	J	J	
Total Depend	26	J	J	J		J
Total Claims	34					

51						
52						
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58						
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60						
61						
62						
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Total Indep			J	J	J	
Total Depend		J	J	J		J
Total Claims						